Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: HARBOR HOUSE (0009349)

Address: 2500 BEL MEADOW DR, GREEN BAY, WI 54311

License Status: REGULAR

Licensed/Certified/Registered 08/01/2002

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096054 End Date: 12/14/2005 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095095 End Date: 05/31/2005 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007173 Served 06/27/2005

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	12/13/2005	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	12/13/2005	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	12/13/2005	Yes
83.16(1)(h)1	PREPAID FEES RETURNED WITHIN 10 DAYS	12/13/2005	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	12/13/2005	Yes
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	12/13/2005	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	12/13/2005	Yes
83.41(9)	CLEANLINESS OF ROOMS	12/13/2005	Yes

Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0093562 End Date: 10/29/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007040 Served 11/11/2004

		Compliance	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	05/25/2005	Yes
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	05/25/2005	No
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	05/25/2005	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	05/25/2005	Yes
83.17(4)	FINAL ACCOUNTING	05/25/2005	Yes
83.33(3)(c)2	PROOF-OF-USE RECORDS MAINTAINED	05/25/2005	Yes
83.33(3)(j)1	DESTRUCTION OF MEDICATIONS	05/25/2005	Yes

Survey ID: 0092724 End Date: 06/03/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006972 Served 07/16/2004

		<u>Compliance</u>	
<u>Deficiencies Cited</u>	Subject Area	<u>Veri fied</u>	Corrected
83.11(3)(a)	RESPONSIBILITIES	06/24/2004	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	06/04/2004	Yes
83.53(2)(a)	DOORS EXCEPT PATIO DOORS	10/26/2004	Yes

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0090600 End Date: 06/23/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006248 Served 07/10/2003

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
83.14(6)(c)	UNIVERSAL PRECAUTIONS	06/03/2004	Yes
83.16(1)(h)2	SERVICES FOR MONTH SHALL BE PRORATED	06/03/2004	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	06/03/2004	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	06/03/2004	Yes
83.33(3)(e)5	MEDICAL RECORD DOCUMENTATION	06/03/2004	Yes
83.35(5)(a)	FOOD STORAGE	06/03/2004	Yes
83.41(10)(a)	BUILDING MAINTENANCE	06/03/2004	Yes

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

Enforcement History

Date: 06/24/2005 SOD #10007173 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

PROVIDE TRAINING

FORFEITURE---83.13(4)(a)

FORFEITURE---83.16(1)(h)1

FORFEITURE---83.19(3)(c)

FORFEITURE---83.32(2)(a)5

Date: 11/08/2004

SOD #10007040

Appealed: No

Sanctions

FORFEITURE---83.13(7)(a)9 FORFEITURE---83.14(1)(d)

Date: 06/14/2004 SOD #10006972 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.11(3)(a)

FORFEITURE---to 8-24-04

Decision: WITHDRAWN APPEAL (NO STIPULATIO Date: 07/08/2003 SOD #10006248 Appealed: Yes

Sanctions

PROVIDE TRAINING

OTHER SANCTION

FORFEITURE---83.14(6)(c)

FORFEITURE---83.16(1)(h)2

FORFEITURE---83.19(1)(d)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.33(3)(e)5

FORFEITURE---83.41(10)(a)

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History			
Date Complaint Received: 12/01/2005	Date Investigation Completed: 12/14	/2005	
Subject Area(s)	Result	<u>SOD #</u>	
NUTRITION & FOOD SERVICES MEDICATIONS	NOT SUBSTANTIATED NOT SUBSTANTIATED		
Date Complaint Received: 05/12/2005	Date Investigation Completed: 06/15/2005		
Subject Area(s)	Result	<u>SOD #</u>	
RESIDENT RIGHTS ABUSE	NOT SUBSTANTIATED NOT SUBSTANTIATED		
PHYSICAL PLANTS & SAFETY HAZARDS	NOT SUBSTANTIATED		
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	10007173	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED		
Date Complaint Received: 04/14/2005	Date Investigation Completed: 06/15	/2005	
Subject Area(s)	Result	<u>SOD #</u>	
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10007173	
HOMELIKE ENVIRONMENT & CLEANLINESS NUTRITION & FOOD SERVICES	SUBSTANTIATED NOT SUBSTANTIATED	10007173	
ADMISSION, TRANSFER & DISCHARGE	NOT SUBSTANTIATED NOT SUBSTANTIATED		
ADMINISTRATION	SUBSTANTIATED	10007173	
Date Complaint Received: 06/11/2004 Date Investigation Completed: 11/03/2004			
Subject Area(s)	<u>Result</u>	<u>SOD #</u>	
ADMINISTRATION	NOT SUBSTANTIATED		

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Date Complaint Received: 01/15/2004 Date Investigation Completed: 06/07/2004

Subject Area(s) Result SOD #

SUPERVISIONNOT SUBSTANTIATEDRESIDENT RIGHTSNOT SUBSTANTIATEDNUTRITION & FOOD SERVICESNOT SUBSTANTIATEDMEDICATIONSNOT SUBSTANTIATEDADMINISTRATIONNOT SUBSTANTIATEDPROGRAM SERVICESNOT SUBSTANTIATED